PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/513673

	•	CLAIMS AS	S FILED - (Column	SMALL ENTITY OTHER TYPE OR SMALL E							
TO	TAL CLAIMS		Column		(Colui		RATE	FEE] 	RATE	FEE
FC			NUMBER	FILED	NUMBI	ER EXTRA	BASIC FEE		OR.	BASIC FEE	710.00
 	TAL CHARGEA	ABLE CLAIMS	/2 minus 20= *				X\$ 9=		1	X\$18=	
-	EPENDENT C		2 minus 3 = '				}		OR		
				nus 3 =			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT									OR	+270=	
* If	the difference	in column 1 is	less than ze	ero, enter "	0" in c	olumn 2	TOTAL	·	OR	TOTAL	7/0
	C	LAIMS AS A	MENDED	- PART	II.	٠.,				OTHER	
	· ·	(Column 1)		(Column		(Column 3)	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT	and the same	NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQN V	Total		Minus	**		=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X40=		OR	X80=	
	FIRST PRESE	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR	+270=	·
			+135= TOTAL		ΛP	TOTAL					
		(Column 1)		(Columr	· 2\	(Column 3)	ADDIT. FEE		JO	ADDIT. FEE	
		CLAIMS	145 m	HIGHES	T			ADDI-	· ·		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
MON	Total	•	Minus	*		=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X40=		OR	X80=	
	FIRST PRESE		+135=			+270=					
		•					TOTAL		OR	TOTAL	
	•						ADDIT. FEE		OR	ADDIT. FEE	·
		(Column 1) CLAIMS	1973 7 10 1978	(Column HIGHES		(Column 3)			 I I		
ENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R . SLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		=	X\$ 9=		OR	X\$18=	
1777						=	1				
\ME	Independent	•	Minus	***		<u></u>	X40=		ΛP	X80=	
AME	Independent	• NTATION OF MU	<u> </u>		LAIM				OR		
	Independent FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT C			+135=		OR	+270=	
	Independent FIRST PRESE If the entry in column If the "Highest Numer the "Highest Numer Highest Numer High Numer Highest Numer High Numer Highest Numer Hights Numer Highest Numer Hights Numer Hights Numer Hights Numer Highest Numer Highest Numer Highest		JUTIPLE DEF	PENDENT C mn 2, write "C S SPACE is It S SPACE is It)" in col ess that ess tha	umn 3. n 20, enter "20." n 3, ent r "3."	+135= TOTAL ADDIT. FEE		OR OR	+270= TOTAL ADDIT. FEE	

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Effective October 1, 2001

		CLAIMS AS	S FILED -	9	SMALL E	YTITY		OTHER	THAN			
	·		(Column	1)	(Colu	mn 2)	I	TYPE [OR		
TC	OTAL CLAIMS	•						RATE	FEE	1	RATE	FEE
FOR			NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
ТС	TAL CHARGE	ABLE CLAIMS	minus 20= *		*			X\$ 9=		OR	X\$18=	
INE	EPENDENT CI	AIMS	mi	nus 3 =	*			X42=		OR	X84=	·
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	column 2		TOTAL	<u> </u>	OR	TOTAL	
	6 C	LAIMS AS A	MENDED	- PAR	T II					4	OTHER	THAN
	ζ.	(Column 1)		(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT'A.		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	* 12	Minus	** (<u> </u>	= .		X\$ 9=	,	OR	X\$18≠	
AME	Independent	* Q NTATION OF MI	Minus	***	S CLAIM	= _	-	X42=	•	OR	X84=	
<u>니</u>	FINST PRESE	INTATION OF MI	JETIPLE DEF	ENDEN	CLANVI		ا ا	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL	~
	E	(Column 1) (Column 2) (Column 3)									ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	* 14	Minus	** 2 6)	= \.		X\$ 9=		OR	\X\$18=	
AME	Independent	* 2	Minus	*** 3	<u> </u>	= \		X42=		OR	X84=	
<u> </u>	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		' [+140=		OR	+280=	
	* 1							TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	•	(Colur	nn 2)	(Column 3)					ADDII. I E.C.	\
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	*	Minus	**	·	=		X\$ 9=		or	X\$18=	-
AME	Independent	*	Minus	***]=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		╵┟	+140=			+280=	
		mn 1 iş less than th					L	TOTAL		OR	TOTAL	•
***	If the "Highest Nu	mber Previously Pa mber Previously Pa	ald For" IN THI	S SPACE I	s less tha	n 3, enter "3."	•	DDIT. FEE			ADDIT. FEE	
	The "Highest Num	nber Previously Pai	d For" (Total or	Independe	ent) is the	highest numbe	er fou	nd in the app	ropriate box	in col	umn 1.	

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Effective October 1, 2000

		CLAIMS AS	S FILED - I		SMALL ENTITY OTHER TYPE OR SMALL E				4 4		
FC)R	NUMBE	RFILED	NUMBER	EXTRA	RATE	FEE	1 1	RATE	FEE	┪
ВА	SIC FEE						355.00	OR		710.00	7
TC	TAL CLAIMS		minus 2	0= •		X\$ 9=		OR	X\$18=		٦
INC	EPENDENT CL	X40=		OR	X80=		1				
MU	ĻTIPLE DEPEN	DENT CLAIM PI	+/35=			1270-		1			
• If	the difference	in column 1 is	TOTAL		OR OR	+270= TOTAL		┥			
	C	LAIMS AS A	MENDED	TOTAL	L	JOR	OTHER	THAN	┪		
		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR	SMALL		
ENTA	D	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	- 1
NDN	Total	· /a	Minus	20	=	X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	. 2	Minus	<u> 3</u>	=	X40=		OR	×80 =		\rceil
_	FIRST PRESE	+136 =		OR	+294 =		٦				
			TOTAL			TOTAL ADDIT. FEE		\dashv			
	^	(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE	L		AUUII. FEEI		٦
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	
NDN	Total	. 12	Minus	20	=	X\$ 9=		OR	X\$18=		
AME	Independent	NITATION OF M	Minus	ENDENT CLAIM	=	хио:		QR	×80=		
	FIRST PRESE	NIATION OF IM	DLIIPLE DEP	ENDENT CLAIV		+130=		OR	1270=		
•						TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		コ
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	\L
NDN	Total	. /2	Minus	20	=	X\$ 9=	^	OR	X\$18=	1	
AME	Independent	. 2	Minus	3		X40=		OR	X80=	1	
				ENDENT-CLAIM	<u> </u>	+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											-

	Effective December 29, 1999														
		CLAIN		FILED - olumn 1)		SMAI TYP		NTITY	OR	OTHER SMALL I					
FC	PR	1	IUMBE	R FILED	NUM	BER E	XTRA		RATI	Ε	FEE		RATE	FI	EE
BASIC FEE									•.*	~.	345.00	OR		690	0.00
TOTAL CLAIMS / / minus 20= *									X\$ 9	=		OR	X\$18=		
INDEPENDENT CLAIMS & minus 3 = *								Ī	X39:	=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									+130)=		OR	+260=		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2									AL.		OR	TOTAL	6	90
CLAIMS AS AMENDED - PART II										,	NTITY	OR	OTHER SMALL I	N N	
_	* 15	(Colur	MS		(Column	ŜT	(Column 3)	ſ	SWALL		ADDI-				DDI-
ENT A	I to And A	REMAI AFT AMEND	ER		NUMBE PREVIOU PAID FO	ISLY	PRESENT EXTRA	١	RAT	E	TIONAL FEE		RATE		NAL EE
AMENDMENT	Total	- 10		Minus	90		=	Ī	X\$ 9	=		OR	X\$18=	(
ME	Independent	• 2		Minus	*** 3		=	ļ	X39:	=		OR	X78=	\sqcap	
_	FIRST PRESE	NTATION	OF MU	JLTIPLE DEF	PENDENT	CLAIM		Ì	+130)=		OR	+260=		
									· TO	TAL			TOTAL ADDIT. FEE		
		(Colu	mn 1)		(Columi	n 2)	(Column 3)	,	ADDIT. F	-EE (,	ADDII. FEE		
MENDMENT B		CLA REMA AFT AMENI	IMS INING ER		HIGHE: NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE
MQ.	,Total .			Minus	**		=		X\$ 9)=		OR	X\$18=		;
-	Independent	•		Minus	***		=		X39	=		OR	X78=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130)		OR	+260=		
			•						TO	TAL		OR	TOTAL	╁	
		(Colu	mn 1)		(Colum	ın 2)	(Column 3)		ADDIT.	FEE		10	ADDIT. FEE	:	
S	, , , , , , , , , , , , , , , , , , , 	CLA	IMS INING		HIGHE	ST	PRESENT	1			ADDI-	1		· A	DDI-
	The state of	AF	TER DMENT		PREVIO	USLY	EXTRA		RAT	Έ	TIONAL FEE		RATE		ONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9) =		OR	X\$18=		
ME	Independent	•	•	Minus	***		=		X39)=		1	X78=	1	
<u>_</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]			<u> </u>	OR		十	
	If the entry in colu	ımn tiolo	ee than	the entry in col	umn 2 write	"0" in c	olumn 3		+130			OR	+260=	1	
	If the entry in colu ' If the "Highest Nu '*If the "Highest Nu	umber Pre	viously F	Paid For" IN TH	IIS SPACE is	less th	an 20, enter "20). "	ADDIT.	FEE.		OR	TOTA ADDIT. FEI		
	The "Highest Nu	mber Prev	iously P	aid For" (Total	or Independe	nt) is th	e highest numb	er fo	und in tl	he ar	propriate be	ox in c	olumn 1.		

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